


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 51284
In re Application of Kolter et al.		
Application Number 09/811,546		Filed 03/20/2001
For Solid oral dosage forms with delayed release of active ingredient and high mechanical stability		
Art Unit 1618		Examiner SILVERMAN, ERIC E
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 540
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies, or credit any overpayment to Deposit Account No. 14-1437 .		
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
I am the		
<input type="checkbox"/> applicant /inventor.		 _____ Signature
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 54,015		_____ Michael P. Byrne Typed or printed name
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		202-659-0100 _____ Telephone number
		July 23, 2009 _____ Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of _____ forms are submitted.		